# On the Edge:

# **Emerging Infectious Diseases**

# Registration

- Fee: \$130.00 (includes lunch)
- Registration Deadline: January 10, 2009
- Register online at www.nltn.org/courses.
- If you have difficulty with the online registration process, please call: 240.485.2727 or email registrar@aphl.org.
- There are no refunds for cancellation but a credit for future courses will be issued if cancelation is more than two weeks prior to course.
- Upon receipt of your registration, a confirmation letter with driving directions will be e-mailed to participants.

## **Special Needs**

In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations should notify the NLTN office at 510.412.1400 at least two weeks prior to the workshop.

# **Continuing Education Credit**

The Association of Public Health Laboratories (APHL) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program. Participants who successfully complete this program will be awarded 6 contact hours.

> 588-016-09 February 5, 2009 588-018-09 February 6, 2009

National Laboratory Training Network

850 Marina Bay Parkway E164 Richmond, CA 94804-6403

On the Edge: **Emerging Infectious Diseases** 



**February 5, 2009** Rancho Cucamonga, CA

> **February 6, 2009** Richmond, CA

Sponsored by **National Laboratory** 

**Training Network** 



Quality Laboratory Practice Through Continuing Education

National Laboratory Training Network

# **Description**

Are we on the edge of another infectious disease outbreak? With increased globalization of the world's economy and expanding international travel, infectious diseases that emerge or re-emerge in one part of the world can easily spread to other geographic areas. The United States cannot be considered a risk-free area.

In this stimulating, six hour seminar, subject matter experts will discuss the threat potential of and effective laboratory responses to a group of infectious diseases of growing interest. Case studies with California examples will be included.

## **Objectives**

At the conclusion of this program, the participants will be able to:

Describe the salient characteristics and features of the following emerging infectious diseases:

Leishmaniasis

**Amoebiasis** 

Chagas disease

Japanese Encephalitis

Dengue fever

Chikungunya fever

- Identify laboratory techniques and technologies used in testing for select global emerging infectious diseases.
- Characterize the changing global epidemiology of select emerging infectious diseases.

### **Audience**

This intermediate level program is intended for clinical, public health, and research laboratory scientists and other individuals interested in emerging infectious diseases.

### Agenda

7:45 am Registration

8:15 am Overview and Introduction

8:30 am Factors Contributing to the Emergence of Infectious Diseases

Alex da Silva. Ph.D.

9:00 am Pathogenic and Opportunistic Free-Living Amoebae

Govinda Visvesvara, Ph.D.

10:10 am Break

10:30 am Japanese Encephalitis and Chikungunya Fever

Barbara W. Johnson, Ph.D.

11:30 am Lunch (Lunch Is provided)

12:30 pm Dengue Fever

Charles Chiu, M.D., Ph.D.

1:15 pm Leishmaniasis and Chagas Disease Alex da Silva, Ph.D.

2:30 pm Break

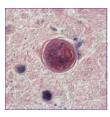
2:50 pm Clinical Case Studies

Charles Chiu, M.D., Ph.D.

3:50 pm Summary and Questions and Answers

4:20 pm Evaluation Process and Closing Comments

4:30 pm Adjourn



1. Cysts of Balamuthia mandrillaris in brain tissue

### **Faculty**

#### Charles Chiu, M.D., Ph.D.

Clinical Instructor, Division of Infectious Diseases. Department of Medicine, University of California San Francisco Mission Bay Campus, San Francisco, CA.

#### Alexandre da Silva, Ph.D.

Senior Service Fellow, Parasitic Diseases Branch, Division of Parasitic Diseases, National Center for Zoonotic, Vector-Borne and Enteric Diseases, Centers for Disease Control and Prevention (CDC), Atlanta, GA.

#### Barbara W. Johnson, Ph.D.

Microbiologist, Arbovirus Diseases Branch, Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne and Enteric Diseases. Centers for Disease Control and Prevention (CDC), Fort Collins, CO.

#### Govinda Visvesvara, Ph.D.

Microbiologist, Parasitic Diseases Branch, Division of Parasitic Diseases. National Center for Zoonotic, Vector-Borne and Enteric Diseases, Centers for Disease Control and Prevention (CDC), Atlanta, GA.

### Locations

February 5th: Rancho Cucamonga, CA

February 6th: Richmond, CA

The National Laboratory Training Network is a training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC). www.nltn.org

# **Location Maps**

### FEBRUARY 5TH, 2009, RANCHO CUCAMONGA:

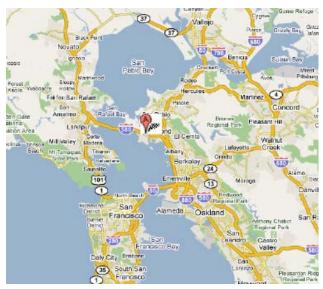
Celebration Hall, Victoria Gardens Cultural Center, 12505 Cultural Center Dr., Rancho Cucamonga, CA 91739



Map of Rancho Cucamonga Area Showing the I 15

### FEBRUARY 6TH, 2009, RICHMOND, CA:

California Department of Public Health Conference Center Auditorium 850 Marina Bay Parkway Richmond, CA 94804-6403



Map of San Francisco Bay Area showing Richmond

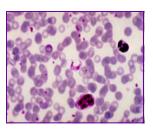
### **REGISTER EARLY!**

Pre-registration is required for access to the facility.

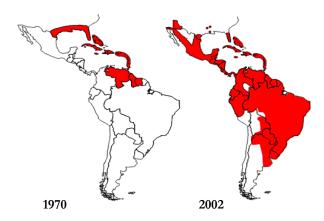
### DRIVING DIRECTIONS AND VISITOR REQUIREMENTS:

Driving Directions and Visitor Requirements are included in the registration confirmation e-mail for each course.

Parking is free at both locations.



2. Trypanosama cruzi in stained smear



3. Dengue Fever in Central and South America



All Images Courtesy CDC DPDX Image Library website: http://www.dpd.cdc.gov/dpdx/

- I. Free Living Amoeba,
- 2. Chagas disease
- 3. Dengue/fever map--Aedes aegypti distribution.

# **National Laboratory Training Network Registration Form**

OMB No. 0920-0017 Exp. Date: 03/31/10

(Please Type or Print.) Training Event Title: On the Edge: Emerging Infectious Diseases 588-016-09 Rancho Cucamonga, CA February 5, 2009 **Event Code:** Richmond, CA 588-018-09 February 6, 2009 **Applicant Information** Title: (Dr./Mr./Miss/Ms./Mrs. M.I.: First Name: Last Name: Position Title: State Licensure Number (If applicable): Employer's Name: Mailing Address: (Please specify, Employer's or your Home address?) City: State/Country: Zip: Work Telephone Number: Work Fax Number: E-mail Address: (Applicant must provide an e-mail address to receive an NLTN confirmation of registration.) (To receive future training event notifications, please circle, YES) (Please review all options in the three categories before circling the one most appropriate to each category.)

#### Occupation

- 01 Physician
- 02 Veterinarian
- 04 Laboratorian
- 05 Nursing Professional
- 06 Sanitarian
- 08 Administrator
- 11 Safety Professional
- 13 Educator
- 14 Epidemiologist
- 15 Environmental Scientist

#### Education Level (Highest Completed)

- Degree
- Associate
- 05 Bachelor
- 06 Masters
- Doctoral (M.D.)
- Doctoral (Other than M.D.)
- 09 Technical/Hospital School
- 03 Some College
- 02 High School Graduate
- 01 Some High School
- 10 Other

#### Type of Employer

- 01 Public Health Department (State or Territorial)
- 03 Public Health Department (Local, City or County)
- 04 Government (Other Local, not City or County)
- 05 Centers for Disease Control and Prevention
- 09 U.S. Food and Drug Administration
- 11 U.S. Department of Defense
- 12 Veterans Administration Medical Center/Hospital
- 15 Other (Federal Employer)
- Foreign 16
- College or University 19
- Private Industry 21
- Private Clinical Laboratory
- Physician's Office Laboratory/Group Practice
- Hospital 33
- Health Maintenance Organization 28
- 31 Non-profit
- 32 Unemployed or Retired
- Environmental Laboratory
- Veterinary Laboratory
- 36 Agricultural Laboratory

30 Other

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request.

Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary.

Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Office, 1600 Clifton Road, N.E., Mai Stop D24, Atlanta, GA 30333 ATTN: PRA (0920-0017).

Form Approved

# Register Early! Registration Fee: 130.00 Registration Deadline: January 10, 2009 Payment Information (Please check one.) Enclosed is my check or money order (payable to APHL). Bill my Credit Card. Select one. **VISA** MasterCard American Express Submit your registration form to:

240-485-2700 Fax: Mail: Registrar

PO Box 79117

Baltimore, MD, 21279-0117

Visit our website for future programs at: http://www.nltn.org/courses Need further information???

Registration questions call 240-485-2727 Program content questions call 510-412-1400.

#### Credit Card Information

Card Holder's Name	
Card Number	
Expiration Date	
Signature	
Date	
Amount of Payment	